

**BOARD OF PSYCHOLOGY**

1422 HOWE AVENUE, SUITE 22
SACRAMENTO, CA 95825-3200
(916) 263-2699
www.psychboard.ca.gov



ATTENTION:
APPLICATION FOR CALIFORNIA PSYCHOLOGY
ENDORSEMENT FORM

(Pursuant to Section 2946 of the California Business and Professions Code)

Please note that California does not have direct reciprocity with any state. The California Jurisprudence and Professional Ethics Examination (CJPEE) will be required of all applicants. Additionally, all applicants will be required to provide evidence of completion of all statutorily mandated supplemental courses. First, complete all data required on this page and sign the affidavit and send it to the Executive Officer of the Board that issued the license requesting the completion of the endorsement on the back of this form. The date of the endorsement must be later than the date of your affidavit below. Please keep a copy for personal records.

LAST NAME FIRST NAME MIDDLE NAME

STREET ADDRESS CITY STATE ZIP CODE

State of _____)

) §

County of _____)

_____, hereby declares under penalty of perjury that he/she is the applicant named in the foregoing application for a license as a psychologist in the State of California; and that he/she read the foregoing application and knows the information provided therein is true.

Subscribed and sworn to before me this _____ day of _____, _____.

Signature of Notary

Address

Commission expiration date

TO BE COMPLETED BY STATE BOARD CERTIFYING LICENSURE

_____ has submitted an application for licensure as a psychologist in the State of California and has stated that they are licensed to practice psychology in your state. Please complete the form below and return it to our office at your earliest convenience. Thank you for your assistance in this matter

I, _____, Executive Officer of the _____
certify that license number _____ to practice or hold him/herself out to the public as a psychologist was issued to _____ on the _____ day of _____, _____.

I further certify that this license was issued based upon all of the following:

- ❖ Possession of a doctorate degree in psychology, educational psychology or in education with a field or specialization in counseling psychology or educational psychology obtained from a regionally accredited university.
- ❖ Completion of 2 years (approximately 3000 hours) or more of supervised professional experience.
- ❖ Successful completion of the Examination for Professional Practice in Psychology.

I further certify that this person's psychology license has never been the subject of discipline.

This license is presently ☐ Active ☐ Inactive ☐ Delinquent

I hereby declare under penalty of perjury, under the laws of this state, that the foregoing information is true and correct.

Executive Officer

State Seal

Board Address

City State Zip Code

Dated at _____, this _____ day of _____ 20____.